

J. H. Green

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PIN-SWALLOWING.—ULCERATION OF GLOTTIS.—TRACHEOTOMY.

A. M., a thin, bony-looking woman, aged 44, was admitted, Feb. 10th, to the University College Hospital, under the care of Mr. Liston. She looks older than her stated age. She is a washer-woman. About ten months since, whilst washing some linen, she found two pins, which she put into her mouth. In a few minutes, being engaged in talking, she forgot the pins, and suddenly swallowed them. She tried, ineffectually, to get them back again. She thinks that both pins went down.

Since that time she has been subject to a very troublesome cough, with irritation about the windpipe, and expectoration. She applied to a medical man, who recommended her to go into a hospital; but she still continued her usual occupations. About three weeks ago she coughed up a quantity of dirty yellow and greenish matter, in which she found one of the lost pins; rough, black, and partly corroded. Last week she applied at the Hospital, and saw Mr. Liston, who recommended her to become an in-patient.

Present Symptoms.—Respiration is difficult and hurried, and is accompanied with a loud wheezing noise in the throat; the mouth is kept open; the muscles of the neck are tense, and in almost constant action; the countenance is anxious; the lips livid; and the cheeks pale and sunken. The patient cannot lie down, as the painful increase in the difficulty of breathing almost instantly forces her to rise again. At night she is obliged to be propped up with pillows, and even then her sleep is much disturbed; and she frequently wakes with a start, feeling "as though she were going to be choked." She has occasional fits of coughing, which cause her to gasp for breath in a most distressing manner, and with a roaring sound of inspiration; very little thick mucus is expectorated in general; she eats and drinks very little, as swallowing is rather painful, and always increases the distress of the patient, by interrupting respiration. On examining the throat, some thickening, without any particular tenderness, was evident about the upper part of the larynx; and on passing the forefinger over the base of the tongue, Mr. Liston found that the epiglottis was nearly destroyed by ulceration, and the parts around felt hard and rough, as if extensively ulcerated. Patient speaks in a low whisper. Mr. Liston proposed tracheotomy, as the only means likely to relieve the breathing, and give any chance to remedies applied with the view of stopping ulceration, and healing the sores already formed. The patient, however, would not give her consent to the operation.

Feb. 1. Last night the patient had a severe attack of coughing, which threatened suffocation. She is so frightened by it that she readily consents to any operation likely to relieve her. Mr. Liston commenced by making an incision about one and a half inches long in the median line of the neck, and commencing a little below the cricoid cartilage. The patient was seated in a chair, with her head held steady by an assistant.

Two or three strokes of the scalpel exposed the trachea at a considerable depth, without wounding any vessel of consequence. Mr. Liston then took an opportunity of the larynx being drawn upwards by the action of the muscles, to enter the knife into the trachea and cut upwards, so as to divide two or three of the cartilaginous rings. In doing this he held the scalpel lightly, with the point directed somewhat upwards, and the back of the blade towards the vertebral column.

Immediately that this was done, the air began to rush violently in and out of the wound, and the patient tossed her arms about in a state of great alarm. Her head was then held forward, so as to allow the blood to trickle out of the wound instead of passing into the trachea, and she was allowed a few minutes to recover from her alarm. A silver canula, rather larger at the external than the internal opening, and curved gradually downwards, was introduced into the trachea, and secured by two tapes through rings on each side of the external opening, and tied behind the neck. She was then put to bed, with the head and shoulders slightly raised.

18. Passed a tolerably comfortable night. Breathing much relieved, chiefly performed through the canula, though still somewhat through the mouth, which she habitually keeps open. Occasional cough and expectoration of thick frothy mucus, tinged with blood. Pulse 98, steady, compressible.

19. Yesterday afternoon, took some tea and two pieces of toast and butter; at first she would not swallow the latter, but after two or three attempts she found she could do so with tolerable ease; slept somewhat better last night, but is still rather restless; surface a little cold. The canula requires to be cleared frequently from the tenacious frothy mucus, which is expectorated with difficulty. To have the following draught every three hours: one third of a grain of muriate of morphia, twenty-five minimis of aromatic spirits of ammonia, half a drachm of sweet spirits of nitre, and an ounce of camphor mixture.

20. During the night she became very low; pulse weak, 42; great difficulty in expectorating the mucus. Beef-tea given frequently, and the medicine every two or three hours. Towards the morning she seemed to revive a little, and had some good sleep; her bowels have not been opened since the day of the operation. To have a tablespoonful of castor oil directly; beef-tea and arrow-root, with tea and bread.

21. About five o'clock this morning she had a very severe attack of coughing, and she again appeared much weaker, so that she got rid of the mucus with the greatest difficulty; pulse now about 90, rather weak; respiration 16 in the minute; no pain or inconvenience about the chest; bowels open.

24. There is considerable irritation about the wound, consequent upon the drying of the mucus round the edge of the canula. This was accordingly removed this morning, and a clean one introduced without any difficulty. The patient found much relief from this; in other respects continues much the same; expectoration rather more opake.

28. Better; is now in good spirits, and sleeps and eats well; she can now make herself pretty well understood by a faint kind of whisper.

March 3. Some slight symptoms of bronchitis. This was treated and relieved by small doses of ipecacuanha wine, spirits of nitre, and mucilage.

17. Has been doing well since last report; to-day she was ordered a lotion containing ten grains of nitrate of silver, and two and a half ounces of distilled water; to be applied, by means of a sponge affixed to the end of a small flexible wire, to the top of the windpipe, every other morning. She was ordered, also, the following powder every six hours: two grains of calomel, half a grain of ipecacuanha powder, and five grains of compound tragacanth powder, in consequence of the fits of coughing having become troublesome.

24. As her mouth was rather sore the powders were discontinued, and she took decoction of senega; a blister was also applied to the chest.

29. Cough nearly gone; has very bitter expectoration; is very restless at night. To have a pill, consisting of two grains of powdered ipecacuanha, and three and a half grains of extract of hemlock, every night at bed-time. The nitrate of silver in the lotion to be reduced to half a grain to the ounce of water.

31. The canula was taken out to-day, and ordered to be replaced again, should difficulty of breathing come on.

April 1. No inconvenience from the removal of the tube; on the contrary, she felt rather better without it last night.

2. Last night difficulty of breathing came on, and this morning her breathing is laborious; and her countenance anxious, owing to partial closure of the external aperture. Another and a smaller tube was now inserted. She is very low, and the bowels are much relaxed. To have five grains of sesqui-carbonate of ammonia, a scruple of aromatic confection, and an ounce of camphor mixture, every four hours, until the bowels are quieted.

3. Diarrhoea nearly ceased; had three violent fits of coughing last night.

8. Complains of cough, and want of sleep at night; feels something like a pin pricking the root of the tongue. The glottis was examined by the mouth, and with a probe through the opening in the trachea, but no foreign body could be discovered: says that when she swallows liquids a portion of them passes into the trachea.

9. Nitrate of silver was used in the proportion of two grains to the ounce of water.

May 5. Continued improving up to this period, and she now feels comfortable about the air-passages. Some portion of the liquids swallowed still gets into the trachea.

June 15. Shows herself occasionally at the Hospital; she still wears the tube, but can speak in a whisper; her general health is very good.—*London Lancet.*

DR. COMSTOCK ON THE PATHOLOGY OF FEVER.—ESSAY V.

THE present is emphatically the age of monstrous medical heresies. To enumerate them all is not our present intention. We had hoped that they would have been suffered to remain in the Old World, and not have crossed the Atlantic. But we find that one of them, which we consider the most practically pernicious, has reached our shores, and been sanctioned in the far West by the high authority of Dr. Gross, from whom we learn that "the time cannot be far off, when the term fever must be entirely discarded from our books, and diseases named according to the tissues which they implicate." And how, I beg to know, are those implicated tissues to be known, unless the patient is dissected before he is dead? Besides, the same viscus may be implicated, or diseased, in one part in a manner entirely different from what it is in another part. And of this a remarkable instance has been found on *post-mortem* examination, an account of which now lies before me. The subject was a young woman aged about 27 years, who died with spotted fever, a patient of Dr. Job Wilson, of New Hampshire, who gives the following account of the lungs: "The lower edge of the lungs was of a bright scarlet red, and swam in water; while a portion of the organ, cut about two inches above, was remarkably heavy and sunk in the same liquid. The air-cells were completely filled with a yellowish lymph, which was fluid as water, except at the lower edge of the lungs, which contained air. The viscus was of a dark-red color, and adhered throughout its whole surface to the pleura and diaphragm, saving the posterior surface, where there was a collection of lymph, to the amount of three quarts."*

Numerous other cases are upon record, in which different parts of the same viscus were found to exhibit different phenomena. But there were other fatal cases of spotted fever in which the brain was found chiefly implicated, and the lungs not at all. In three cases examined by Drs. Danielson and Mann, they state that, "nothing peculiarly morbid was discovered in any part of the system, excepting the veins and sinuses of the brain were found remarkably turgid with very dark-colored blood."†

Now if fever and its very name are to be banished from the world, and the tissue implicated is alone to be prescribed for, the first thing is to discover which tissue or viscus is the seat of morbid action. But how is this to be done when the symptoms are the same, but the tissues affected not the same? Besides, persons have died in the cold fit of spotted fever, without a single sign of any local affection whatever. Indeed, of four bodies opened by Henry Hunt, Esq., Navy Surgeon of the crew of the brig Viper, at Washington city, he reports no unhealthy appearance at all which he discovered in the bodies of three of them. In the fourth, "the left portion of the lungs was much diseased;" and Mr. Hunt was afterwards informed that the man for a long time previous had labored under a pulmonary affection. Thus, had Prof. Gross opened the three first patients, whilst living or after death, he could not have found his *implicated*

* See New York Medical Repository, Vol L, New Series, No. 4.

† See Dr. Worth on Spotted Fever, p. 96.

cated tissues, because they did not exist. Nor in the fourth case could the lesion of the lung have been identified with the disease of which the man died, because it had in all probability long previously existed. We think that the Professor's views savor strongly of the ultra doctrines of Broussais. Now is it absolutely necessary to infer inflammation in those cases of typhus gravior, or putrid fever, wherein purulent matter and gangrene have been found after death? Does not gangrene ensue from debility, bad diet, thin blood and exhaustion? And are not bark and wine, by universal experience, proved to be the best preventives? And ever since the days of Antony de Haen, has it not been universally conceded that pus may be a secreted substance? We believe that every physician who is capable of answering these questions, will answer them in the affirmative. And as to serous or lymphatic effusion, is it to be conceded that it is always the result of inflammation only and alone, when we so constantly find it in the extremest debility—even in the lower limbs of persons dying with consumption?

We were once in a situation to witness the practice of one of those ultra *inflammationists*. A rather fleshy, well-made, stout-built young man, of only eighteen years of age, became suddenly anasarcaous, and was freely bled. We examined the blood, which consisted of a much larger proportion of serum that we had perhaps ever before noticed. The crassamentum was of a scarlet hue, and was not well defined, not being circular, one limb of it being thrown or drawn out, after the blood had become cool, and uniting with the serum. Although many years have since passed, we very well recollect our reflections on the case as we stood in the hospital viewing this blood. They were, that if the patient recovered, all our previous medical education, opinions and theories, must be renounced. We had, however, no reason to change either, for the patient survived but a short time. Had he been treated with stimulating diuretics and a moderately supporting plan, as he was laboring under debility from previous disease and exposure to cold, we have no doubt he might have been living to this day, as he had no liver complaint, nor did any other local viscus appear to be implicated.

But supposing that in any given case of typhus fever, yellow fever, or any other fever, the implicated viscus could be ascertained—has not the disease become systematic, affecting the whole corporeal frame, and must it not be treated upon general principles, according to the symptoms? Suppose the patient to be in a chilly fit when the physician arrives, pale, quivering, with a bloodless surface, and scarce any pulse, of which we had a case in the person of a young lady, would he think of his lancet any sooner than of a sword? But it would seem that the class of practitioners and pathologists in view find but one disease, and rely only on one remedy. Those persons who were forced to lie on the bed of Procrustes, if their bodies were too long for his iron bedstead, were compelled to have them shortened, whilst those which were not long enough had them drawn out. The lodger's length was in all cases fitted to the bed of his host. We have never read nor heard of anything in the wildest ravings of empiricism, that has struck us as so great an absurdity as that of *discarding the term FEVER from our books*. And must our young physicians in-

deed be taught that *Æsculapius*, *Hippocrates*, *Galen*, *Celsus*, *Boerhaave*, *Sydenham*, *Cullen*, *Darwin* and *Rush*, with ten thousand other bright stars in the healing firmament, were all mistaken, whilst *Prof. Gross*, and his prototype, *Broussais*, alone are right? Let the shades of those young Parisian medical students, who were treated on the principles of *Broussais*, in typhus fever, be heard from the abodes of the dead. Poor fellows! they succumbed to bleeding, almost without exception, and this under the care of *Andral* himself. It being settled in theory that in every fever some tissue or viscus was inflamed, it was settled in practice that every febrile patient should be bled. But as the uninitiated could not discover any signs of this inflammation either in the living or the dead, in very many cases, it remained for the Cincinnati professor to help along his *Broussaisian* friends by placing it where even their sagacity had never suspected to find it. And thus he tells them and the world, that "all parts of the body, not excepting the nails, epidermis and hair, are liable to inflammation.* If "*redness, heat, pain and swelling*," are not necessary to mark every case of inflammation, we presume that some *one* of them must be present. And now we would humbly wish to inquire which of them is to be adduced as marking inflamed hair? But our appetite is not so keen for polemics as to enter into a labored refutation of doctrines which in our view consute themselves. Suffice it to say, that those who have the care of educating the junior members of the profession, would, in our opinion, do well to teach them that a work containing such medical heresies, should be read by the *title* only.

And now that we have mentioned bloodletting in typhus fever, it brings to mind a circumstance which we will relate. The present writer was told by a distinguished physician in the city of Philadelphia, that after the death of the celebrated *Dr. Rush*, he received a letter from *Dr. Lettsom*, of London, the object of which was to inquire whether the report was true which had reached the latter city, that *Dr. R.* had fallen a victim to his own favorite remedy of bloodletting? And however this question might be answered by the friends of the much-beloved professor, it could be denied by no one that his last sickness was typhus fever, and that by his own prescription for himself he was bled therein and died.

Yellow fever has been called typhus icterodes. And there can be no hesitation in admitting that in some seasons, and in some places, it may have put on a typhoid diathesis. But that it was highly inflammatory when it appeared in Philadelphia in 1797, is past all question. *Dr. Physick*, who has been reckoned at the head of American surgeons, had it himself in that year, and was bled by *Dr. Dewees* eleven pounds or pints, at different times, amounting to exactly 176 ounces, and recovered. We saw him and attended his lectures in 1816, nineteen years afterwards, and although his complexion was pale and he not fleshy, he appeared to enjoy pretty good health, was alert in his movements, and a remarkably fast walker. So that the loss of blood, when it is needed, neither impairs the constitution nor shortens life; for *Dr. P.* lived long after the period which we have mentioned. *Dr. Dorsey*, his nephew, the author of a treatise on surgery, was adjunct professor of that department with his

* See No. 8, of his corollaries.

uncle, at the time of my attendance, and died Nov. 12th, 1818, aged 35. He was, for a young man, rather inclined to corpulency, and from the particulars which I have learned of his last illness, which was short, I am inclined to think that the lancet was pushed too far in his case. It is stated that he was bled seven times by his wife. This verifies the observation that corpulent persons do not well bear the loss of much blood. But there is another remark which I have observed to be correct. It is that those who grow fleshy before they are 40 years old, are apt to be short-lived.

It must be admitted that our variable climate has given rise to two malignant epidemics of opposite diatheses, yellow fever and spotted fever, each of which has had sporadic cases. Two deaths occurred of the former in 1803, at the little village of Pawcatuck, R. I., one of them a relative of my own, and a physician, whom I was called on to visit. Spotted fever is a typhus, but that and pneumonia typhoides often passed under the title of the winter epidemic. The latter was considered as a synochus, generally; by some, however, as a synocha. We saw a decisive case of spotted fever in the winter of 1816, in consultation with Dr. Joseph Parrish and Dr. Caspar Wistar, in the city of Philadelphia. It was a sporadic case, that disease never having been epidemic in that city, and proved suddenly fatal.

Two cases of cholera also occurred in our practice, during its prevalence elsewhere as an epidemic. They were sporadic cases, and although in the same family, occurred in different years. These several circumstances are mentioned here to substantiate an opinion which may be novel, but at the same time is one which we think correct. It is, that all epidemics, whether febrile or of other kinds, leave their seeds behind, when they cease; occasionally appear sporadically, and are often mistaken, because not prevalent epidemically.

As I have mentioned Dr. Wistar, it brings to my mind an opinion of his respecting spotted fever and its congeners. It was that they were contagious, and spread through the States by the soldiers of the last war. But we are convinced that this idea of the celebrated anatomist was incorrect; as spotted fever commenced in Massachusetts in 1806, in Connecticut in 1809, in Rhode Island in 1810, all before the war commenced. Besides, it prevailed in Virginia and South Carolina after the war had ceased, as well as in Mexico, where none of our soldiers ever went. In King George County, Va., an account lies before me respecting the mortality there, which is very striking. There was in that place "a family of ten—the whole died except a little boy, who went to a neighbor's house, after starving a day or two, and asked for some bread. The neighbor asked him if he had not plenty at home. He said that his father, mother, and the rest of the family, were asleep, and that he could not awake them. He was asked how long they had been asleep. He said a day or two. The neighbors went over and found nine of them dead! They were so much alarmed they concluded it would be the best way to set fire to the house and burn them up, which was done."* The fear of contagion incited to this summary and unprecedented proceeding.

* See N. Y. Med. Repository of 1815, p. 300.

The accounts published by Dr. Dunlap, of that State, and by Dr. Haynesworth, of South Carolina, go to prove the malignant nature of, and surprisingly sudden deaths by, that epidemic in the southern section of the Union.

As it is in the interval of fits that medical skill is of most use in removing their cause, so during the cessation of epidemics there is the most probability of establishing principles, pathology and practice. It is for this reason that calling attention to our two great indigenous epidemics during their non-prevalence, will, it is hoped, meet with approbation.

It is a curious fact respecting yellow fever, that to this day the opinions of physicians are as much divided in Boston, New York and Philadelphia, where it has prevailed, as in Great Britain, where it has never yet reached. We do not know, however, but one point conceded by all, which is, that it has never much prevailed except in tropical climates or in tropical seasons. The years 1793 and 1798 were decisively tropical, as to heat, in the summers of each. In the former year yellow fever visited Philadelphia, and swept off upwards of 5000 of the inhabitants. In the latter year it visited New York. We wish that more precise details of the mortality in single houses and families had been transmitted to us by the writers of those periods. But we doubt whether the number of *nine* in any one family could be adduced, as we have just seen occurred in Virginia by the winter epidemic. Dr. Edward Miller, whose writings have given him an elevated character, both at home and in Europe, states, respecting the yellow fever in New York in 1805, that the greatest number of deaths in any one house was three, and this in only two houses. In twelve other houses two persons died in each, and in all others one only was the amount where any mortality took place. Of 600 cases reported to the Board of Health that year, "there were only 35 houses in which more than a single case was found." In 40 streets there was only one death in each street, although generally crowded throughout the season.* These facts weigh equally both against contagion and infection, and strongly point to a constitutional predisposition, acted upon by heat and the local miasm which produces yellow fever. So strongly and strangely is this predisposition displayed, that in Charleston, S. C., it is called the *stranger's fever*; and by the city authorities strangers have been ordered to quit the place in order to keep the city healthy. In the West Indies yellow fever may be found at any time, with this grand proviso, that strangers from higher latitudes visit there! Otherwise its constant existence has not been proved nor admitted. During the American Revolution nearly 18,000 sick were landed at New York from the West Indies.† But at that time we hear nothing of yellow fever, either in the ports from whence they came, or that to which they came. The inference is, that yellow fever is a new disease, or a new name given to an old disease. But the history of all ages and all countries goes to prove that diseases are subject to revolutions, and that, although the supposed causes remain stationary, as the ever-enduring slovenliness of the people of Constantinople, and the filthy state of their streets, yet that the plague ceases there

* See Dr. Miller's Appendix to Thomas's *Practica*.

† Dr. Blane. See his *Diseases of Seamen*.

amidst all the fuel that was supposed to have enkindled it. England, France, nor even Ireland, with all its poverty and impurities, could never afford an atmosphere in which yellow fever would spread, be produced, or exist if brought there.

We view things as wonderful when they take place abroad, whilst the same things, or those still more marvellous, at home, pass unheeded. It is no more strange that the plague should cease at Constantinople when its causes still exist, than that scarlatina, spotted fever, sore throat, dysentery and influenza, should disappear, under all that we know of their exciting causes. Nor is it more surprising that yellow fever will not take root in London, Liverpool and Dublin, notwithstanding their free intercourse with the West Indies, than that it will not spread through every street in Boston, Providence and New York, when some of each of their streets have been desolated by it. Indeed, the latter is by far the most inscrutable, because the streets in those cities at the time have all the tropical heat of the yellow fever season; whilst the European cities, which we have mentioned, do not at any time experience it.

As in this essay we have mentioned the occurrence of sphacelus without inflammation, we will conclude by referring to a case of mortification of the uterus, which happened in the practice of Thomas Graham, Esq., Member of the Royal College of Surgeons. The woman experienced parturition in the seventh month, with no very unusual symptoms. Early the next morning, however, and but a few hours after delivery, she had a severe rigor, succeeded by constant and acute pain in the uterus. Mr. Graham bled her from the arm, and of the blood he says, it "exhibited no signs of inflammation." And "she died within six hours of the commencement of the rigor." "On the following day, when the body was opened, putrefaction had rapidly advanced." "The intestines were not inflamed." "The uterus was uncontracted, and of a dark and livid hue, with several gangrenous spots on the internal surface, some nearly penetrating the substance of the uterus, and others in a more incipient stage of erosion." We have previously adverted to inflammation, even of the pericardium, without fever—and fever, without inflammation. And here appears to have been a sphacelation of the uterus without either. The rigors which the woman experienced seem to have denoted the commencement of mortification, as she died in six hours after.

We usually attach to inflammation the idea of increased celerity of the blood in the part inflamed. But the view of Dr. Alexander H. Stevens, of New York, that "the swelling of inflamed parts arises from an increased quantity of blood in vessels not naturally destined to contain it," is more conformable to its phenomena—and that the passive distension of the small vessels gives rise to the *throbbing*. But when total obstruction ensues, then coldness and lividity take place—the arterial blood becomes venous, and the speedy result is mortification.

**MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY S. D. TOWNSEND, M.D., SURGEON.**

Amputation of the Finger, followed by Gangrene and Hemorrhage.
—An Englishman, aged 34 years, a machinist, while at work at the

turning lathe, three weeks since, received a contused wound of the middle finger of the right hand ; he has been in the habit of using ardent spirits freely. The injury was considered unimportant at the time, and he continued at his work as usual. A mixture of iron filings and sal ammoniac, which he used in his operations, penetrated the wound and caused some irritation ; a dark fungus soon began to shoot out from the wound, when he applied to a physician, who prescribed poultices. The finger continued to grow worse until ten days ago, when spasmodic twitchings of the hand and arm commenced. He then applied to Dr. J. Mason Warren, who finding the finger much inflamed and gangrenous, June 25th, performed amputation between the first and second joints. The spasms in the arm and hand continued severe, particularly during sleep, the pain extending along the arm to the chest. The flaps soon became gangrenous and sloughed off. One week after the operation, secondary haemorrhage took place, the spasms being so violent as to throw the poultice from the hand. Upon consultation, the state of the finger was found such as to require a second amputation, which was immediately performed at the metatarsal articulation ; at this time three arteries were tied.

Upon examination of the amputated finger, the integuments were found gangrenous and very fetid—the bone being denuded of its periosteum. At the time of his admission into the Hospital, July 1st, the day after the operation, the integuments of the hands were tense and swollen, with some tenderness extending half way up the arm ; lines of inflammation in the course of the veins were also observable, which were rather hard and cored. The spasms still continued, affecting slightly the other limbs, frequently waking him from his sleep. Pulse 84. Not having had any discharge for two days, he was ordered infusion of senna c. sulph. magnesia, and at night forty drops of the elixir of opium. In consequence of his spasms being frequent he took during the night elixir opii. gtt. c. He complained the next morning of dizziness of the head, with much thirst ; ordered venesection ad $\frac{5}{6}$ viij. ; opium poultice to hand ; ung. creosote to wound. This state of things continued for several days, the spasmodic motions of the limbs remaining, sometimes quite violent when asleep, but ceasing when awake. At times he rose from his bed at night, talking incoherently. The nervous affection I attributed more to his former course of life, in indulging so freely in the use of ardent spirits ; they wanted that permanent contraction, unattended with alternate relaxation, which characterizes tetanus. Four days after the operation some swelling appeared at the wrist, attended with pain, while the hand was easier ; to this four leeches were applied, and he was directed to take a sixth of a grain of sulph. morphine and two grains of camphor p. r. n. with warm bath in the evening. The swelling on the wrist continuing to increase, an incision was made into it, which was followed with a free discharge of pus, with evident relief. A probe could be passed into the wound under the fascia up to the wrist. The spasms continuing, the pills of morphine were discontinued, and half a grain was applied to the stump at night with marked relief ; he slept better than on any night since his admission ; his limbs were more quiet during sleep ; pain relieved. The application of the morphine was continued for four nights in gradually diminished

quantity, until the spasms ceasing, it was omitted. At this time there was a constant secretion of pus in the palm of the hand in the course of the tendon, which was pressed out at each dressing. The poultice was discontinued, and compresses on each side were firmly bound on with a roller; the discharge soon ceased after this application, and the swelling of the hand subsided. The fingers being rather stiff and contracted, he was directed to immerse them in warm water and give them passive motion. They were then extended by a splint bound on the inside of the hand.

July 23rd. The fingers have become flexible, the wound has healed, and his health is good.

A NEW CURE FOR HYDROCELE.

COLONEL W. M., a gentleman of Smith county, Tenn., eminent for his public and private worth, aged about 75 years, had been the subject of hydrocele during nearly a third part of that time, and although the collection of the fluid had been slow, the tumor had attained a very uncomfortable size before he was relieved of it by an operation which, in this connection, may be termed novel. In attempting to mount his horse, early in May last, his saddle turned and he fell on the other side upon his shoulders, by which his body received a smart concussion but no injury. He rose without difficulty, and proceeded to the place of religious worship where he was going, feeling only some slight pain and a sense of tension in the tumor along the course of the spermatic cord. A few nights after the fall he thought that he found less trouble than usual in disposing of the tumor preparatory to sleeping, but it did not occur to him that this was owing to its being diminished in size, nor was his attention called to the circumstance until a week after the accident, when on retiring to bed he was surprised at finding that it had entirely disappeared. In one week the collection of fluid, amounting, it is supposed, to a quart, was taken up by absorption, in consequence, it would seem, of a new action in the parts set up by the shock given by the fall. It has now been upwards of five weeks since the Colonel was thus most unexpectedly relieved of his infirmity, and there is yet no appearance of its return.

A circumstance followed the termination of this case which the physicians who attended the Colonel believed had some connection with the absorption of the fluid. He was attacked, seven days after the tumor vanished, with profuse diarrhoea, his discharges resembling the rice-water passages in cholera. He was greatly prostrated by the disease, one of the most distressing symptoms of which was an uncontrollable propensity to sleep. He recovered gradually, and now enjoys excellent health. He is a man of strict temperance and regular habits, and is not conscious of having brought on the attack of diarrhoea by any indiscretion. His case is a curious one as to the mode in which he was relieved of the hydropic effusion, and not less so if it be admitted that the dis-

charge of the absorbed fluid from the system through the bowels was the cause of the diarrhoea, which, we confess, we are not quite prepared to do.—*Western Jour. of Med. and Surg.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 4, 1841.

THE MESMERIC EPIDEMIC.

In a variety of publications, the late animal magnetism fever, that raged fearfully in Boston towards the last of June, is a fruitful theme on which the wits delight to dwell. But it is abominable to hold up the whole medical profession of the metropolis, as fit subjects of ridicule, because a few of the brotherhood may deserve to be laughed at for playing second fiddle to a "Professor of Mesmerisms." However amusing it may be to comment on the dignity of science to those who get a living by pointing out the follies of the age, it is desirable to have some discrimination between individual and general gullibility. There is a raciness in some of the observations on the protracted labors of the Temple committee (which, like the Rump Parliament, were in session till the nation travailed with a burden of expectation), that, one would think, would rouse them into merriment, however provoked they might be at a candid review of their important decision. But it should not be bruited through the land that the physicians of Boston, as a body, were either the dupes or supporters of an individual who succeeded in maintaining an excitement by certain indefinable operations, till he must have been sick of a farce in which he himself took the character of harlequin major. Gratifying as it might be to certain unfortunate gentlemen, to have the names of those physicians belonging to the animal-magnetism commission published, we shall not do it, as we neither know who they all were, nor do we perceive the advantage of publishing them. The question is gravely asked—"Could the committee call such exhibitions as were sold nightly at twenty-five cents, scientific investigations? Is there a precedent on record for such a mode of conducting a philosophical inquiry?"

In order to show in a still clearer light the manner of proceeding of the magnetizer, the following card is copied from the *Daily Mail*:

"Boston, July 9, 1841. I this day witnessed an exhibition of a double-headed, living calf, of eleven weeks old. I consider this animal to be a far greater natural curiosity than the Siamese twins, for in this case there are two distinct brains uniting at their base with one spinal cord, two distinct tongues, sets of teeth, four eyes, &c. So astonishing a deviation from the ordinary laws of nature cannot fail to elicit the attention of all who love to observe Nature in her various phases and modifications.

ROBERT H. COLLYER, M.D., Member of the Mass. Med. Soc., Prof. of the Physiology of the Brain and Mesmerisms."

A shrewd fellow in the country brought on a monster calf, to pick up change with, in the same manner that Mesmeric and other necromancers have filled their pockets by exhibitions to astonished Boston audiences; when forthwith the "Professor of the Physiology of the Brain and Mes-

merisms" issues a proclamation. The people may now see the calf or the professor, as they like, the difference in price being ninepence in favor of the magnetizer. How excessively mortifying all this must be to the respectable members of the Massachusetts Medical Society, to whom he claims relationship by virtue of a certificate. If poor little Bartlett was expelled for disgracing himself, what should be done with one who brings down the contempt of all sensible people upon the policy of a Society expressly organized to elevate the medical character of the State? We protest, therefore, against the insinuation that the medical profession of Boston have either taken a self-constituted "professor of Mesmerisms" into close communion, or entertain the least respect for any one who does not come properly recommended to their notice.

Physiology and Animal Mechanism.—W. S. W. Ruschenberger, M.D., of the navy, has prepared a useful book, of small dimensions, principally from the text of Milne Edwards and Achille Comte, which will doubtless be well received. It is principally designed for the use of schools and colleges; yet from a slight examination of the pages, we are sure it would do no injury to those who have long since received university honors, were they to review former studies through the agency of this publication. There is no mystery in the construction of the work; nor is there an obvious profundity manifested that should give it preference over many others compiled for a similar purpose. The design of the plates, although not original, is good, but the execution of them abominable—coming, as they do, from Philadelphia, the seat of the fine arts. There is another objection, viz. the bad finish of the binding. Who ever heard of a green-paper cover, looking like one of Webster's spelling-books, on a scientific duodecimo, designed for "schools and colleges"? Aside from these objections, the division of lessons, the foot-notes or questions, and the matter, taken together, meet our cordial approbation.

Phrenological Association of London.—On the 2d of June, the first meeting of this new association was held at the room of the Society of Arts; Dr. Conolly, a name familiar to medical men, in the chair. A principal part of the business seems to have been to show off Dr. Caldwell, of Louisville, Ky., a well-known writer on this branch of philosophy—and a strong one, too—it being the department of human knowledge in which his talents show to the best advantage. It seems that the Dr. gave an energetic address, which was followed by another from the celebrated Dr. Otto, of Copenhagen, now visiting England. A paper was announced from the pen of Mr. George Combe, on the application of phrenology to guarantee societies. When the sittings were closed, Tuesday, June 8th, the gentlemen dined together at Freemason's Tavern, where Dr. Caldwell would be equally at home as a ready speaker on a social occasion.

Boylston Prize Question.—Our talented friend, Dr. J. F. W. Lane, has taken the last Boylston medical prize, against all competitors. By looking at the advertising page, the particulars may be found. Dr. Lane is just beginning to exhibit the results of a steady and persevering course of industry, which promises well for his own future reputation, and the honor

and advancement of a profession of which we trust he is destined to become a distinguished member. If we can persuade the committee to permit us to publish Dr. Lane's dissertation in the Journal, it may soon be expected.—We take this opportunity to urge upon those who aspire to authorship, under circumstances of immediate encouragement, to write for the Fiske fund prize, of Rhode Island, as well as for the Boylston ones, which is worth having, aside from the reputation that would necessarily follow.

New York Medical Gazette.—Two Nos. of this new Journal are now before the public, and give good evidence of a disposition to merit patronage. The Gazette is nearly a fac simile of this Journal, in the mode of folding and the general arrangement of the matter. This is altogether complimentary, inasmuch as it shows that ours is considered in good taste at least. The price, also, is the same. If the Gazette is conducted with the same skill and gentleness observable in the specimens before us, there can be no doubt of its success and beneficial influence.

University of Maryland.—On the first Monday of September, lectures will commence at Baltimore, and continue till March. Nearly all the schools have come to the conclusion that it is best to commence business earlier in the season than they did some dozen years since. Some are so uncharitable as to suppose that the originators of the plan had in view a larger class, by anticipating rival institutions, whose lectures commenced later. Although it was said that Dr. Smith, professor of surgery, was in poor health and unable to discharge the arduous duties of the chair, he is announced as usual, and it is presumed, therefore, that he has regained his health. No man takes a higher rank in the medical institutions of the South and West, than Dr. Nathan R. Smith, of Baltimore.

Trail's Lectures on Medical Jurisprudence.—Although this work is very respectable in its character, there is nothing particularly novel or striking in it, to give it claims to precedence, or even an abiding place by the side of our countrymen, the Drs. Beck. The American edition, from the respectable house of Lea & Blanchard, Philadelphia, appears, from the preface, to have undergone some necromantic process under the hand of the Pennsylvania editor; but we cannot for the life of us discover what he has done to it. The marginal references show extensive acquaintance with authors, in all languages; but as a whole, the book is too brief; there is not enough in any one section to be satisfactory, except, perhaps, on metallic poisons, and the history of legal medicine, which are too long for the rest of the book. Still, we do not wish to be understood as condemning Mr. Trail, nor do we consider him as being anything more than a copyist.

Jahr's Manual of Homœopathic Medicine.—Appended to the last No. of Dr. Hull's *Examiner*, is a prospectus of a re-translation of the above-named work, from the French, with additions, by A. G. Hull, M.D. It is understood to be, says a homœopathic authority, a compilation of the best practical results, and will form an indispensable guide in that kind of practice, and be a useful adjuvant even to an experienced practitioner of

the order. From all accounts, it is to be a pretty formidable publication —being in two volumes of 650 pages each—the price to be \$3 a volume. On the first of August both are to be ready for those who may wish to purchase.

Death of Madame Boivin.—We have to announce the death, at Versailles, of Madame Boivin, whose skill and science in the obstetric art, and in medicine generally, was so great that she was invested with the degree of doctor in medicine, made chief superintendent of the Maternité, and afterwards of the Maison Royal de Santé in Paris. She was the author of the Memorial des Accouchemens, and other important works on the same subject. She was a member of several learned societies both in France and foreign countries, had received the gold medal of the Prussian Order of Merit, and was once styled in a German university by the honorable, but somewhat Hibernian designation of *vir doc lissi'mui!* Having lost the whole savings of a long and laborious life, by failure of a house in which she had invested them, and becoming unable, from age and infirmity, to continue the fatigues of her arduous profession, she resigned her appointments, and retired to live at Versailles with some of her relations, upon small pensions granted her by the administration des Hôpitaux de Paris, the Minister of the Interior, and the Minister of Public Instruction. The immediate cause of her death was apoplexy. Many of her works have been translated into foreign languages, have passed through several editions, and are quoted by men of science as authorities.

Number of deaths in Boston for the week ending July 31, 32.—Males, 17; Females, 15. Stillborn, 3. Of consumption, 3—infantile, 4—canker, 1—cholera morbus, 1—menstrual, 3—fits, 1—inflammation of the bowels, 1—infestation in the head, 1—bilious fever, 2—dysentery, 1—scarlet fever, 1—bleeding at lungs, 1—sudden, 1—drowned, 1—bowel complaint, 1—diarrhea, 1—smallpox, 1—croup, 2—stoppage in the bowels, 1—suicide, 1—infestation in the lungs, 1—canker in the bowels, 1.

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians:—

JOHN C. WARREN, M.D.
GEORGE C. SHATTUCK, M.D.
JACOB BIGELOW, M.D.
WALTER CHANNING, M.D.

GEORGE HAYWARD, M.D.
JOHN RANDALL, M.D.
ENOCH HALE, M.D.
JOHN WARE, M.D.

At the annual meeting of the Committee, July 28, 1841, the Boylston Premium of fifty dollars value, for the best Dissertation on the question—"To what extent is disease the effect of changes in the chemical or vital properties of the blood?" was awarded to J. F. W. Lane, M.D., of Boston.

The questions for 1842 are, 1st—"To what extent is the human system protected from smallpox by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances?"

2d. On the diseases of the kidney; and the changes which occur in the appearance and composition of the urine, in health and in disease.

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D., of Boston, on or before the first Wednesday of April, 1842.

The following subjects are offered for 1843:—

1st. The best method of warming and ventilating rooms for preventing and curing disease.

2d. The structure and diseases of the teeth, with a numerical solution of the question, Can caries of the teeth be retarded by mechanical processes?

Dissertations on these subjects must be transmitted as above on or before the first Wednesday of April, 1843.

The author of the successful dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

Unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if applied for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following vote:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Boston, July 29, 1841.

A. 4-4w

*Medical Advertisements.***UNIVERSITY OF THE STATE OF NEW YORK,**

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

THE annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.

ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Prof. of Chemistry and Botany.

ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JAMES QUACKENBOS, M.D., Demonstrator of Anatomy.

Matriculation fee, \$5. Fee for the full course of lectures, \$108. Dissecting and Demonstration ticket, \$5. Graduation fee, \$25. Good board may be procured in this city for from \$2.50 to \$3.00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the session on the first Monday of October.

New York, 15th June, 1841.

J. 23—epit.

NEW HAMPSHIRE MEDICAL INSTITUTION.

THE annual course of Lectures in this Institution will commence on Thursday, the 5th of August next, and continue three months.

DIXI CROSBY, M.D., Professor of Surgery, Obstetrics, and Diseases of Women and Children.

EDWARD E. PHELPS, M.D., Lecturer on Materia Medica, Medical Jurisprudence, and Medical Botany.

OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.

JOSEPH ROBY, M.D., Professor of the Theory and Practice of Medicine and Pathological Anatomy.

EDMOND R. PEARLSEY, M.D., Lecturer on Anatomy and Physiology.

Expenses for the course of lectures, \$50.00. Graduating, \$18. Matriculating, \$3.00. Board may be had at \$1.33 to \$2.00 per week, and abundant facilities for those who may wish to board themselves. The fees must be paid at the commencement of the term, or notes given with satisfactory security. All operations before the medical class are performed gratis.

By order of the Faculty,

*Dartmouth College, Hanover, June 15, 1841. J. 23—ta7 OLIVER P. HUBBARD, Sec'y.***BERKSHIRE MEDICAL INSTITUTION.**

THE annual course of Lectures will commence the first Thursday, 5th of August, 1841, and continue thirteen weeks. Fee for the whole course of lectures, \$50; fee for those who have attended two courses at any respectable medical school, \$10; graduation fee, \$18; library fee according to the number of books taken. Board, from \$1.50 to \$2.00.

Theory and Practice of Medicine and Obstetrics, by

Principles and Practice of Surgery, by

Anatomy and Physiology, by

General and Special Pathology, by

Materia Medica and Pharmacy, by

Chemistry, Botany, and Natural Philosophy, by

Demonstrator of Anatomy,

Pittsfield, Mass., May, 1841.

J. 9—tL

H. H. CHILDS, M.D.

FRANCIS H. HAMILTON, M.D.

JAMES MCCLINTOCK, M.D.

ALONZO CLARK, M.D.

M. A. LEE, M.D.

CHESTER DEWEY, M.D.

C. C. CHAFFER, M.D.

PARKER HALL, Secretary.

DR. J. J. MOORMAN.**RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.**MAY be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of \$5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.*October 23d, 1840.*

O. 28—lamb McGeoplin

HOMEOPATHIC BOOKS AND MEDICINE CHESTS.

OTIS CLAPP, No. 10 School street, Boston, has for sale, Currie's Practice of Homeopathy; Everest on do.; Broacke on do.; Dunsford's Practical Advantages of do.; Dunsford's do. Remedies; Quin's Pharmacopeia; Simpson's do.; Hahnemann's Organon; Jeanne's do. Practice; Jahr's Manual; Her-ringe's do., or Domestic Physician; Rouff's Repertory; Currie's Domestic do.; Broacke's Diseases of the Alimentary Canal, and Constipation, with notes by Dr. Humphrey. Also small works for popular use by Crozier, Eustaphieve, Everest, Green, Herring, Des Guidi, &c. Medicine Chests for sale as above. O. C. is agent for the Homeopathic Examiner, by A. Gerard Hall, published monthly in New York.

My 12—

TO PHYSICIANS.

A PHYSICIAN who has been in practice for the last seven years, in the eastern part of Maine, wishing to change his location for one in the interior of Massachusetts or Connecticut, would purchase, exchange, or, what would be more preferable, enter into partnership with one who has been in good practice for a long series of years. Address the editor, post-paid.

J. 28—4w

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

